

# MONTANA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Montana.

### Montana At-a-Glance:

- In 2009-2010, Montana was one of the top ten states for rates in several drug-use categories, including: past-month illicit drug use among persons age 12-17; past-month marijuana use among persons age 12 or older; past-month marijuana use among persons age 12-17; and past-month illicit drug dependence or abuse among persons age 12-17.
  - Source: National Survey on Drug Use and Health (NSDUH), 2009-2010.
- Approximately 10.77 percent of Montana residents reported past-month illicit drug use; the national average was 8.82 percent.
- In 2009, the drug-induced death rate in Montana was higher than the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Montana.

# **Drug Use Trends in Montana**

**Drug Use in Montana:** The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent survey, 10.77 percent of Montana residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 3.15 percent of Montana residents reported using an illicit drug other than marijuana in the past month (the national average was 3.6 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2009-2010 National Survey on Drug Use and Health: <a href="http://store.samhsa.gov/shin/content//SMA11-4641/SMA11-4641.pdf">http://store.samhsa.gov/shin/content//SMA11-4641.pdf</a>

**Drug-Induced Deaths:** As a direct consequence of drug use, 147 persons died in Montana in 2009. This is compared to the number of persons in Montana who died from motor vehicle accidents (227) and firearms (166) in the same year. Montana drug-induced deaths (15.1 per 100,000 population) exceeded the national rate (12.8 per 100,000).

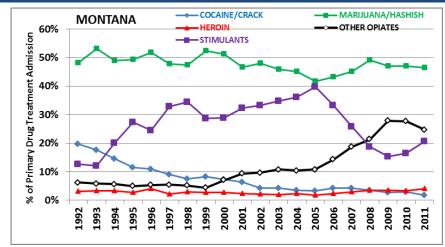
Source: WONDER online databases: http://wonder.cdc.gov/cmf-icd10.html

# **Substance Abuse Treatment Admissions Data**

# **Montana Primary Treatment Admissions:**

The graph on the right depicts substance abuse primary treatment admissions in Montana from 1992 to 2011. The data show that marijuana, followed by other opiates (including prescription drugs), is the most commonly cited drug among primary drug treatment admissions in the state.

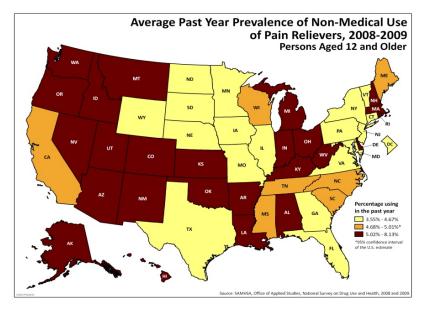
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/data/DASIS.aspx#teds



# **Prescription Drug Abuse**

# **ONDCP's Efforts to Combat Prescription Drug Abuse**

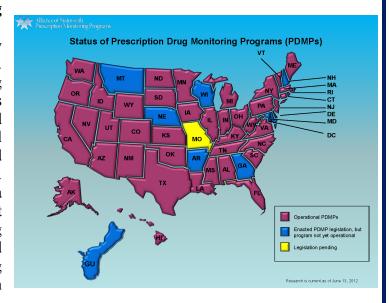
Prescription drug abuse is the fastest-growing problem in the Nation. Administration's Prescription Drug Abuse "Epidemic: Prevention Plan entitled **Responding to America's Prescription Drug** Abuse Crisis," provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of statebased prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home: supporting healthcare education for patients and



providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.

# State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.



On April 21, 2012 Governor Brian Schweitzer signed **SB 83**, authorizing the establishment of the **Montana Prescription Drug Registry** (MPDR) to monitor the prescribing and dispensing of Schedule II-V controlled substances. MPDR will be overseen by the Montana Department of Labor and Industry, and will be maintained and operated by the Montana Board of Pharmacy. Data collection is expected to begin March 12, 2013. *Source: National Alliance for Model State Drug Laws: http://www.namsdl.org/presdrug.htm* 

### State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and

community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

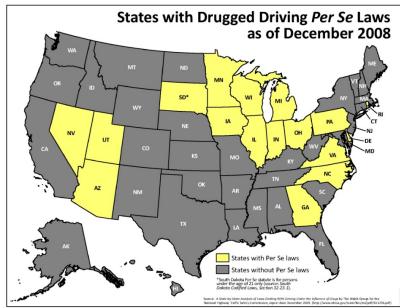
# **Drugged Driving**

### **ONDCP Action on Drugged Driving**

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

# State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States during the past two decades. *Per Se* standards have been adopted in seventeen states.



### Montana does not have a Per Se standard.

However, under Section 61-8-401 of the

Montana Code Annotated, it is unlawful and punishable for any person who is under the influence of a dangerous drug, any other drug, or alcohol and any dangerous or other drug, to drive or be in actual physical control of a vehicle within the state. Proof required: that the defendant was driving or was in actual physical control of a vehicle in Montana, had taken into their body a drug or a dangerous drug, or as a result of taking the drug into their body, the defendant's ability to safely operate the vehicle was diminished.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration.

# **ONDCP Support for Community-Based Prevention**

### National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

### The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants.

In FY 2012, the following Montana coalitions received grants from ONDCP:

- Anaconda Community Intervention, Inc.
- Butte Cares, Inc.
- Phillips County Coalition for Healthy Choices
- Ravalli County Prevention Coalition
- Richland County Partnership for Promise
- Sheridan County Youth Action Council/Community Incentive Program
- Teens Against Drugs and Alcohol (TADA)
- Youth Connections

Source: Office of National Drug Control Policy <a href="http://www.ondcp.gov/dfc/grantee">http://www.ondcp.gov/dfc/grantee</a> map.html

# **ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info**

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

Montana (Rocky Mountain HIDTA): Cascade, Flathead, Lewis and Clark, Missoula, and Yellowstone counties.

The Rocky Mountain HIDTA operates out of Denver, Colorado, and encompasses 34 counties in four states: Montana, Colorado, Utah, and Wyoming. The HIDTA provides funding, an information sharing system, training, and coordination for an increased emphasis on criminal interdiction by the Montana State Patrol, and investigative follow-up by allied agencies in an "all crimes" approach. The HIDTA region's extensive interstate highways link major drug sources in Mexico and Canada to major US domestic drug markets. Mexican drug trafficking organizations (DTOs) are the principal suppliers of wholesale quantities of methamphetamine, marijuana, cocaine, and black tar heroin, while West Coast Asian DTOs supply high-potency marijuana and MDMA from Canada. The distribution and abuse of Mexican methamphetamine pose the greatest drug threat to the region. Mexican ice methamphetamine trafficking and abuse are increasing, while domestic methamphetamine production is declining.

- The Rocky Mountain HIDTA is currently developing a much-needed commercial vehicle criminal interdiction training course for the Montana State Patrol.
- The HIDTA is also working with the International Association of Law Enforcement Intelligence Analysts (IALEIA) to create a Rocky Mountain Chapter to enhance intelligence analyst skills, knowledge, and exchange of information.

# Federal Grant Awards Available to Reduce Drug Use in the State of Montana

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of MT			
Department / Office / Program Name		2012	
Department of Agriculture	\$	4,969,338	
National Institute of Food and Agriculture			
Cooperative Extension Service	\$	4,969,338	
Department of Defense	\$	3,280,000	
The Army			
National Guard ChalleNGe Program	\$	3,280,000	
Department of Education	\$	6,566,120	
Office of Elementary and Secondary Education			
Safe and Drug-Free Schools and Communities National Programs	\$	922,921	
Twenty-First Century Community Learning Centers	\$	5,643,199	
Department of Health and Human Services	\$	30,354,327	
Administration for Children and Families			
Enhance Safety of Children Affected by Substance Abuse	\$	1,000,000	
Promoting Safe and Stable Families	\$	1,343,404	
Transitional Living for Homeless Youth	\$	70,000	
Centers For Medicare and Medicaid Services		1000 <b>7</b> 000	
Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse	\$	9,857,800	
Indian Health Service	7	-,,	
Urban Indian Health Services	\$	933,239	
National Institutes Of Health	Ý	333,233	
Drug Abuse and Addiction Research Programs	\$	971,160	
Substance Abuse and Mental Health Services Administration	7	371,100	
Block Grants for Prevention and Treatment of Substance Abuse	\$	6,670,567	
Projects for Assistance in Transition from Homelessness (PATH)	\$	300,000	
Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$	6,452,800	
Substance Abuse and Mental Health Services Projects of Regional and National Significance Substance Abuse and Mental Health Services-Access to Recovery	\$	2,755,357	
Department of Housing and Urban Development	\$	4,150,796	
Community Planning and Development	7	4,130,790	
	ė	047 217	
Emergency Solutions Grant Program Shelter Plus Care	\$	947,317	
	\$	1,980,504	
Supportive Housing Program	\$ <b>\$</b>	1,222,975	
Department Of Justice	Þ	5,487,934	
Office of Justice Programs	<u> </u>	1 207 027	
Drug Court Discretionary Grant Program	\$	1,297,027	
Edward Byrne Memorial Justice Assistance Grant Program	\$	1,218,930	
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	\$	64,365	
Juvenile Accountability Block Grants	\$	156,425	
Juvenile Justice and Delinquency Prevention Allocation to States	\$	400,000	
Residential Substance Abuse Treatment for State Prisoners	\$	52,211	
Second Chance Act Prisoner Reentry Initiative	\$	1,230,146	
Tribal Court Assistance Program	\$	1,068,830	
Department of Transportation	\$	2,338,253	
National Highway Traffic Safety Administration	27 <b>4</b> 0	120024 AMERICAN	
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$	2,338,253	
Department of Veteran's Affairs	\$	327,982	
Veterans Health Administration			

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of MT			
Department / Office / Program Name		2012	
VA Homeless Providers Grant and Per Diem Program	\$	327,982	
Executive Office of The President	\$	1,935,927	
Office of National Drug Control Policy			
Drug-Free Communities Support Program Grants	\$	1,099,226	
High Intensity Drug Trafficking Areas Program	\$	836,701	
Grand Total	\$	59,410,677	

File updated January, 2013.

# in Montana and Drug Court Locations

